



Volunteer Form

**Please print this form and send to the address below...
Thank you!**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Day) _____ (Evening) _____

Email: _____ T-Shirt Size _____

When are you available? _____ How many hours? _____

What are you interested in doing? _____

How did you find out about the Clinch Mountain MusicFest? _____

Do you know anyone else who could volunteer to help at the Clinch Mountain Musicfest?

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please send this completed form to **CMMF, P.O. Box 519, Gate City, VA 24251.**